

Case Number:	CM15-0185784		
Date Assigned:	09/28/2015	Date of Injury:	05/31/2014
Decision Date:	12/08/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a(n) 57 year old male, who sustained an industrial injury on 5-31-14. The injured worker was diagnosed as having traumatic osteoarthritis of the left knee. The physical exam (12-23-14 through 3-16-15) revealed full range of motion and effusion in the left knee. Treatment to date has included a left knee arthroscopy on 1-8-15, post-op physical therapy (number of sessions not documented), Norco, Flexeril and Ambien. As of the PR2 dated 8-31-15, the injured worker reports left knee pain. Objective findings include "limited" range of motion and tenderness over the joint. The treating physician requested a left total knee replacement, pre-op medical clearance, an inpatient hospital stay x2 days, Tylenol #3 #6 and post op physical therapy 3x weekly for 6 weeks for the left knee. The Utilization Review dated 9-4-15, non-certified the request for a left total knee replacement, pre-op medical clearance, an inpatient hospital stay x2 days, Tylenol #3 #6 and post op physical therapy 3x weekly for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, topic: Knee joint replacement.

Decision rationale: ODG guidelines indicate a total knee arthroplasty in the presence of certain criteria. 2 of the 3 compartments need to be involved with significant osteoarthritis for a total joint replacement. Conservative care including exercise therapy such as supervised physical therapy and NSAIDs or Viscosupplementation or corticosteroid injections need to be documented with no relief, plus subjective clinical findings of limited range of motion, less than 90 and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of surgical intervention plus objective clinical findings of age over 50 years and body mass index less than 40 and imaging clinical findings of osteoarthritis on standing x-ray with significant loss of chondral joint space in at least one compartment with varus or valgus deformity an indication with additional strength or evidence of a previous arthroscopy documenting advanced chondral erosion or exposed bone. In this case the documentation submitted does not indicate the presence of these criteria. No standing films are submitted. There is no documentation of severe osteoarthritis on any of the imaging studies. Viscosupplementation and corticosteroid injections and an exercise rehabilitation program have not been documented. The range of motion is not known. As such, the criteria for knee joint replacement have not been met and the medical necessity of the request has not been substantiated.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Inpatient hospital times two days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Tylenol #3 #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physical therapy three times a week for six weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.